

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PA	75591	4/10/00
O.I.P.E. CLASSIFIER		5	5-3-00
FORMALITY REVIEW	DMK	6169	7/6/00
RESPONSE FORMALITY REVIEW			12/14/00

INDEX OF CLAIMS

- ✓ ..... Rejected
- ..... Allowed
- (Through numeral) ... Canceled
- + ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
8	✓	✓	
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49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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